

**ARIZONA DEPARTMENT OF HEALTH SERVICES**

1740 W. Adams, Suite #301

Phoenix, AZ 85007

**CREDIT CARD PAYMENT FORM****LICENSEE INFORMATION (ALL FIELDS MUST BE FILLED IN, AS APPLICABLE)**

Name <u>on</u> the License: _____	Facility ID # (ADHS use only) _____	ADHS License # _____
Address <u>on</u> the License: _____		License Expiration Date: _____
Applicable Licensing Office: <i>(Please check one)</i> Medical Facilities      Long Term Care      Residential * Child Care      Special Licensing      Enforcement Unit <b>*For Residential Facilities ONLY:</b> Do you provide Adult Day Care services?    YES    NO This payment is: Renewal      Civil Money Penalty		Total Licensed or Requested Capacity _____
<b>For Child Care Facilities ONLY:</b> Are you registered with the Empower Pack Program?      YES      NO		

**RECORD OF TRANSACTION: (ADHS USE ONLY)**

Order Number: _____	Date of Transaction: _____	Authorization Number: _____
Name of Person Processing Transaction: _____	Signature of Person Processing Transaction: _____	

**CREDIT CARD INFORMATION (ALL FIELDS MUST BE FILLED IN)**

Type: Visa      MasterCard	Payment Amount: \$_____.00	Name as it appears on card: _____
<b>Authorization:</b> I certify by my signature below that I am the individual authorized to use the credit card noted above. I authorize the Arizona Department of Health Services to charge this credit card for the payment amount noted below. I understand the Arizona Department of Health Services will verify the amount paid against the amount owed. I understand this transaction does not constitute a complete application for licensing.  Cardholder's Signature: _____ Date: _____		
Account Number: ____ - ____ - ____ - ____		
Expiration Date: ____ / ____    Security Code (3 digits only) ____		
Mailing Address: _____		
City: _____	State: _____	Zip: _____
Daytime Phone: _____	Email Address: _____	

Please fax this authorization to **(602) 364-4807** or call **(602) 364-3088** to process via phone, or mail it to: ADHS/Public Health Licensing Services - Business Office, 1740 W. Adams, Suite #301, Phoenix, AZ 85007